



Patent
251/255
24737-7002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) **Group Art Unit: 2621**
Uri Polat, et al)
Serial No.: 09/711,354)
Filed: November 9, 2000)
For: METHODS AND SYSTEMS FOR)
IMPROVING A USER'S VISUAL)
PERCEPTION OVER A)
COMMUNICATIONS NETWORK)

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REQUEST TO WITHDRAW AS ATTORNEY

(37 C.F.R. § 10.40(c))

I, David Burse, the undersigned attorney, on behalf of all the attorneys associated with customer number 23639 (Bingham McCutchen LLP), respectfully request to withdraw from all further responsibility in the above-identified patent application

LAST KNOWN ADDRESS OF CLIENT

Further correspondence should be directed to the following address, which is the last known mailing address of the Assignee of the application:

NeuroVision, Inc.
P.O. Box 1888
Ramat Gan 52136
Israel

CERTIFICATE OF MAILING

(37 C.F.R. §1.8)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposit with the United States Postal Services on the date shown below with sufficient postage as "First Class Mail" to addressee in an envelope addressed to the Commissioner for Patents, Washington, D.C. 202031

Maritza D. Kidd

Name of Person transmitting Paper

~~Signature of Person depositing Paper~~

Date of deposit



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BASIS FOR WITHDRAWAL REQUEST

The basis for the request for withdrawal is 37 C.F.R. § 10.40(c) (vi). The practitioners of record have been notified that the Assignee has ceased doing business and is unable to provide a retainer to maintain representation for future prosecution of the application. Therefore, the practitioners of record respectfully request permission to withdraw from representation.

ALLOWANCE OF TIME FOR CLIENT TO ACT

As of the date of transmission of this Request to Withdrawal, this application is pending and no action is due within thirty (30) days.

NOTIFICATION OF CLIENT

In accordance with 37 C.F.R. § 10.40(a), a copy of this request is being sent to the Assignee.

NUMBER OF COPIES OF REQUEST

This request is enclosed in triplicate.

SIGNATURE OF WITHDRAWING PRACTITIONER

Signature(s) of the attorney(s) withdrawing (or signature of an authorized attorney on behalf of an attorney withdrawing).

Respectfully submitted,

Dated: 12-31-02

By:

David T. Burse
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